

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

3:21-CV-00762-TAD-KDM

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for **Provider Health Services L L C** was received by me on
(date) April 27, 2021.

- I personally served the summons on **Provider Health Services L L C** at
(place) 1509 Pulles Drive, Lafayette, LA 70506 on
(date) 4/27/21; or
- I left the summons at the individual's residence or usual place of abode with (name) _____,
a person of suitable age and discretion who resides there, on (date) _____,
and mailed a copy to the individual's last known address; or
- I served the summons on (name of individual) _____, who is designated by law
to accept service of process on behalf of (name of organization) _____
on (date) _____; or
- I returned the summons unexecuted because _____; or
- Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 4/27/21

Lori Benoit
Server's signature

Lori Benoit
Printed name and title

5110 Ambassador Caffery Pkwy.
Ste 200, Lafayette, LA 70508
Server's address

Additional information regarding attempted service, etc: